

## NAVAL Hospital ROOSEVELT Roads OBSTETRICAL SERVICES



### At NAVAL Hospital ROOSEVELT Roads

787.865.5910

787.865.5879

#### *We Deliver...*

If you are considering having a child, we welcome you to learn more about the mother-baby services we can provide for you and your family. We want our hospital to be your first choice when you are expecting.

- Obstetricians, a Certified Nurse-Midwife or Women's Health Nurse Practitioner, Family Medicine Physicians, Anesthesiologists & Nurse-Anesthetists, Pediatricians & Staff trained in Obstetrics.
- Twenty-four hour pain relief services, including intrathecal & epidural anesthesia.
- Birthing balls, showers and a labor chair available for alternative comfort measures.
- Obstetrical nurses dedicated to your family around the clock.
- Services available from our New Parent Support Team Nurse to include educational classes, office and home visits as well as telephone consultations.
- Active Breast Feeding Support Group and a Lactation Education.
- Childbirth, Breast-feeding, & Newborn Care education classes.
- Digital camera available for newborn photos.
- Services available at the Wellness Center, Physical Therapy Department & Nutritional Services for recommended healthy eating & exercise in pregnant and postpartum mothers.
- Follow-up baby care and newborn weigh-in visit.
- Storks Nest at the CBO: one room for women who live outside the local area & are diagnosed in early labor but not yet ready for admission. Rooms on a space available basis. Rooms cost up to \$16 per night. Call 787.865.6922 for details.



#### *Learn More...*

If you would like to learn more about the obstetrical services available at Naval Hospital Roosevelt Roads, we invite you to come and tour our facilities and meet our Obstetricians, Nurse-Midwife, and Family Medicine Physicians. We welcome the opportunity to answer your questions.



#### *Contact Us*

##### Phone

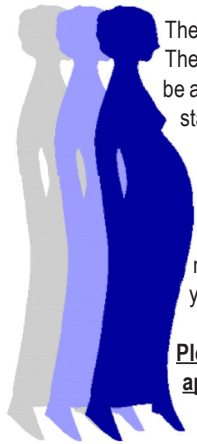
787.865.5910

787.865.5879

##### Or visit us on-line at:

<http://rooseyroads.med.navy.mil>

## CONGRATULATIONS ON YOUR PREGNANCY!



The birth of your child is a very special and loving event. The Staff of Naval Hospital Roosevelt Roads is proud to be a part of your birth experience. Our providers and staff look forward to giving you with the best care in the upcoming months.

This unique binder has been created for your use during your pregnancy. At each of your appointments, you will receive important information about your pregnancy and birth to add to this binder.

**Please bring this binder with you to all of your appointments.**

During your pregnancy, you may have many questions about the changes going on in your body, as well as how to best prepare for the arrival of your new baby. The information sheets you receive will answer many of the questions you have, as well as give you specific information about our hospital practices. Each sheet will describe changes you may experience before your next visit and will also prepare you for your next visit.

You can depend on our experienced staff for courteous, caring service and to answer your many questions at this special and exciting time in your life.

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## WELCOME, FROM NAVAL HOSPITAL ROOSEVELT ROADS

We would like to take this opportunity to introduce you to our providers and to tell you about our clinics.

We have different types of providers within our clinics that assist us in meeting a variety of your needs. We have a mix of providers, both from Obstetricians & Family Medicine Doctors, as well as a Certified Nurse Midwife or Women's Health Nurse Practitioner.

**An OB/GYN Doctor** This physician has specialized training in the area of Obstetrics and Gynecology. They can provide routine or complicated care and can provide surgical services as needed. Most pregnancies proceed normally and all providers are experts at taking care of you when this is the case. On some occasions, however, at any time during your pregnancy, problems may occur. Obstetricians are trained to care for you should this occur.

**A Family Medicine (FM) Doctor** FM physicians are specially trained to provide medical care to patients of all ages. They provide prenatal care and delivery services; diagnose and treat all illnesses; and offer geriatric care. Most prenatal care is uncomplicated. However, when a complication arises, care will be coordinated with a specialist.

**A Certified Nurse Midwife (CNM)** This is an individual who is educated in the two disciplines of nursing and midwifery, and who possesses evidence of certification according to the requirements of the American College of Nurse Midwives. Nurse midwifery practice is the independent management of women's health care, focusing particularly on pregnancy, childbirth, and the postpartum period, care of the newborn, family planning, and gynecological needs of women. CNM practice is in accordance with the standards for the practice of Nurse Midwifery, as defined by ACNM.

**A Pediatric Doctor** A Pediatrician is a doctor, specially trained to care for children from birth through the college years. A pediatrician is not routinely present at the delivery. However, if the delivering doctor thinks there may be a complication, then the pediatrician will be called and will be present prior to the baby being born. Pediatricians are trained to handle any complication with regard to the newborn baby. The baby will then be seen by the pediatrician each day he or she is in the hospital before discharge.

#### NOTE:

1. *If you are a Family Medicine Patient*, your family doctor will care for you and your baby during your hospital stay. Following discharge, the baby is seen at 1- 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, and 2 years for routine check-ups.

2. *Immunizations (shots)* are given at birth, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, and 15 months (the 1 month shots do not require an appointment with the doctor).

# THE MATERNAL-INFANT GROUP

## Naval Hospital Roosevelt Roads

### Important Information

#### 1. Location

·OB/GYN Clinic: Our office spaces are located on the second floor of the Naval Hospital down the hall from the Inpatient Services Unit and the Hospital Chapel.

·Family Medicine Clinic: Our offices are located on the first floor near the Emergency Room.

·Pediatric Clinic: We are located on the first floor of the Naval Hospital to the right of the Outpatient Records window.

#### 2. Appointments

Please know that we are committed to providing you with excellent care. We know that your time is valuable and we will make every effort to see you in a timely manner. Please note however, emergencies do arise and one or more providers may be called out of the clinic at any given time. We will do our very best to accommodate your personal wishes whenever possible. If we cannot meet those requests, we will work with you to find a feasible alternative. We ask for your patience and understanding in these matters. Conversely, it is essential that you make every effort to be on time for your appointment since that directly affects the patient flow. If your appointment is scheduled for 0900, please arrive 15 minutes prior to your appointment to complete your check-in prior to your 0900 visit with the provider. Please understand, if you are late for your appointment, we will still be happy to see you, but you will have to be worked into the clinic wherever possible, which may be the last appointment for that clinic. In some circumstances, we may even need to reschedule your appointment.

·OB Clinic patients: If you suspect you are pregnant, report to the OBGYN Clinic for a pregnancy test. Once you receive positive results, you will be scheduled for the New OB Class. After the NOB Class, all follow-up appointments and prenatal class registrations can be made by one of our clerks located at the front desk of the OBGYN Clinic. If you need to call for an appointment or to reschedule, please call our office at 865-5910 or 865-5879.

·Family Medicine patients: If you suspect you are pregnant, your first visit will be in our clinic, where a pregnancy test will be ordered to document the pregnancy. You will then be scheduled for the New OB Class. Your follow-up appointments will be with your primary care manager. If you need to call for an appointment or to reschedule, please call our central appointments phone number at 1-866-846-2994 or 865-5895. All prenatal class registrations can be made through the OB Clinic at 865-5910.

·Ft. Buchanan patients: After your clinic has confirmed your pregnancy, you will be scheduled for the New OB Class at NHRR.

·Pediatric Clinic: Call to schedule your one/two week well baby check prior to discharge from the hospital. The number is 1-866-846-2994 or 865-5895

#### 3. Ancillary Staff

You will find that we have a number of additional staff members working in the clinics. We have clerical support, Registered Nurses, Licensed Vocational Nurses, Nursing Assistants, Red Cross Volunteers and Corpsmen. All of them will work very hard to assist you with your needs, as their qualifications will allow. Please let us know how we may assist you.

#### 4. Active Duty Instructions

If you are active duty, it is important that you review Navy Instruction 6000.1A, or Marine Corps Order 5000.12D. Essentially, these instructions will provide you with information on maternity uniforms, working restrictions, convalescent leave, etc. It is strongly recommended that you take the time to review the instruction.

#### 5. Disability

For disability information, please contact your employer. Your employer's personnel office should have blank disability forms.

#### 6. Educational Classes

We offer many educational classes for your benefit and we encourage your attendance and participation. The OBGYN Clinic offers the New OB Class, 3<sup>rd</sup> Trimester Class and Tour and the Breastfeeding Class. We can provide information on additional classes regarding smoking cessation, budgeting for baby, anger management, prenatal exercise, sibling preparation, new parent class and many more. Please talk to any of our staff members about enrollment for these classes. We have incorporated your classes and tentative attendance times in your Prenatal Infosheets. As you check out from your appointment and are scheduling your next return visit, we will also assist you with class registration. For scheduling any of the above, please feel free to contact the OB Clinic at 865-5910 or 5879. Additionally any of our office staff can also assist you with registration.

#### 7. IMPORTANT TELEPHONE NUMBERS TO HAVE HANDY:

Emergency Department:	865-5997
Family Medicine Department:	1-866-846-2994 or 865-5895
Labor and Delivery:	865-5948 or 5911
OB/GYN Clinic:	865-5910 or 5879
Pediatric Clinic:	1-866-846-2994 or 865-5895

#### 8. Emergencies/Questions

If you are experiencing bleeding and/or cramping prior to 20 weeks gestation, please contact your clinic during normal business hours. Should your bleeding increase such that you are saturating a maxi pad in an hour or two, please report to the Emergency Room. After hours, please contact the Emergency Room with questions. If you are greater than 20 weeks pregnant and are bleeding, cramping, think your bag of water has broken, or if you think you are in labor, please call and report to Labor and Delivery.

#### 9. Web Page

For your convenience, we also have a Web page available at <http://rooseyroads.med.navy.mil/>

Once you log into the main web page, you will find links to various departments within the hospital. Clinic hours, additional resources, many educational items, and other information are all available.

You may also view video presentations over your computer from anywhere in the world. Even if you or your spouse are out at sea or stationed overseas, you can now view videos on childbirth preparation, baby care and infant CPR. These videos range in length from 15 minutes to well over an hour. If you are at home taking a local class or watching our video, you can now have your spouse, who is overseas watch portions or all of the video over the Net. That way they feel a part of the experience. You may view these video educational materials free at: <http://www.childbirthclass.com/learning.htm#3>

# NAVAL HOSPITAL ROOSEVELT ROADS, PR AMBULATORY CASE MANAGEMENT CARE PLAN

## DIAGNOSIS: *Pregnancy / Prenatal Care*

Time Frame	Assessment / Labs Diagnostics	External Consults	Medications / Nutrition	Education / Psychosocial / Health Maintenance / Safety	Administrative	Comments
Initial Visit Date: _____  NOB Class	<input type="checkbox"/> NOB <input type="checkbox"/> Varicella prn <input type="checkbox"/> PPD prn <input type="checkbox"/> Screening for Risk Assessment	<input type="checkbox"/> Dietary prn <input type="checkbox"/> Case Management <input type="checkbox"/> Social Services <input type="checkbox"/> Fleet & Family Support Center for New Parent Support <input type="checkbox"/> Wellness Center (for smoking, nutrition, exercise)	<input type="checkbox"/> PVN <input type="checkbox"/> Folic Acid *prn <input type="checkbox"/> Discuss increased nutritional needs, morning sickness	<input type="checkbox"/> Welcome Pack <input type="checkbox"/> Prenatal Info Sheet #1 <input type="checkbox"/> Social Services Assess <input type="checkbox"/> Car Safety <input type="checkbox"/> Hazards of smoking & alcohol <input type="checkbox"/> Cystic Fibrosis Screening	<input type="checkbox"/> TRICARE & DEERS <input type="checkbox"/> Verify phone #s in chart/ CHCS <input type="checkbox"/> Complete Chart <input type="checkbox"/> Patient in electronic L&D Log <input type="checkbox"/> WIC Paperwork <input type="checkbox"/> Instructs & Stmt of Pregnancy	
8 - 12 Weeks Gestation Date: _____  OB/FMC	<input type="checkbox"/> PAP <input type="checkbox"/> Chlamydia/GC <input type="checkbox"/> 1 hr GTT *prn <input type="checkbox"/> Ultrasound <input type="checkbox"/> History	<input type="checkbox"/> OP Report if VBAC <input type="checkbox"/> Consult for AMA / Genetic counseling	<input type="checkbox"/> Fe prn	<input type="checkbox"/> Prenatal Info Sheet #2 <input type="checkbox"/> AFP procedure <input type="checkbox"/> VBAC counseling <input type="checkbox"/> CF Screening	<input type="checkbox"/> Verify EDC on Active Duty statement of pregnancy	
16 - 18 Weeks Gestation Date: _____  NHRR	<input type="checkbox"/> AFP Screen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anatomy Scan ordered at RAD <input type="checkbox"/> Consult for Level 3 US with TRICARE	<input type="checkbox"/> Follow-up on consults prn		<input type="checkbox"/> Prenatal Info Sheet #3 <input type="checkbox"/> AFP test explained	<input type="checkbox"/> AFP consent signed <input type="checkbox"/> AFP Lab slip	
24 Weeks Gestation Date: _____  OB/FMC	<input type="checkbox"/> Review Ultrasound <input type="checkbox"/> Review AFP results	<input type="checkbox"/> Physical Therapy for back safety prn		<input type="checkbox"/> Prenatal Info Sheet #4 <input type="checkbox"/> Review U/S and AFP results with patient		
28 Weeks Gestation Date: _____  OB/FMC	<input type="checkbox"/> 28 Week Labs <input type="checkbox"/> Rhogam prn	<input type="checkbox"/> PT for wrist splints prn <input type="checkbox"/> Consult for tubal ligation prn <input type="checkbox"/> Discuss contraceptive options		<input type="checkbox"/> Prenatal Info Sheet #5 <input type="checkbox"/> Anesthesia questionnaire <input type="checkbox"/> New Parent Class-FFSC <input type="checkbox"/> Siblings "R" Us-FFSC <input type="checkbox"/> Budgeting for Baby-Navy / Marine Corps Relief Society	<input type="checkbox"/> Labs posted in chart <input type="checkbox"/> Register for breastfeeding class	
32 Weeks Gestation Date: _____  OB/FMC	<input type="checkbox"/> Review Anesthesia questionnaire <input type="checkbox"/> Review 28 week labs	<input type="checkbox"/> Anesthesia consult prn		<input type="checkbox"/> Prenatal Info Sheet #6 <input type="checkbox"/> Encourage 3 <sup>rd</sup> trimester class attendance & tour	<input type="checkbox"/> Register for 3 <sup>rd</sup> trimester class	
36 Weeks Gestation Date: _____  NHRR	<input type="checkbox"/> 36 week labs <input type="checkbox"/> GBS culture	<input type="checkbox"/> Refer to admissions <input type="checkbox"/> TRICARE prn <input type="checkbox"/> Lactation Consultant prn <input type="checkbox"/> Parking by Permit Pass @ Hospital Security		<input type="checkbox"/> Prenatal Info Sheet #7 <input type="checkbox"/> Fleet & Family Service Center for sibling preparation class <input type="checkbox"/> GBS information	<input type="checkbox"/> Admissions forms <input type="checkbox"/> Birth certificate Info <input type="checkbox"/> Parking Pass	
38 Weeks Gestation Date: _____  NHRR		<input type="checkbox"/> NPSG (New Parent Support Group) <input type="checkbox"/> Fleet & Family Support Center		<input type="checkbox"/> Prenatal Info Sheet #8		
40 Weeks Gestation Date: _____  NHRR	<input type="checkbox"/> NST / AFI prn	<input type="checkbox"/> Postdates testing at 41 weeks		<input type="checkbox"/> Post date plan - NST / AFI <input type="checkbox"/> Prenatal Info Sheet	<input type="checkbox"/> Schedule induction prn	

PATIENT'S NAME (LAST, FIRST, MI):

FMP/SSN:



# HAVING A HEALTHY, HAPPY BABY

## PRENATAL INFOSHEET # 1

Congratulations! Whether this is your first, second, or 10<sup>th</sup> baby, each pregnancy is a brand new and exciting experience. With each new baby, you become a new parent!



### Today

*You will fill out paperwork, get assigned to a clinic, have some lab work done, and you will receive the book entitled *What to Expect When You're Expecting* (WEWYE). This book will be a valuable tool for you and your family. We will add suggested readings for your Prenatal Infosheet packets throughout your office visits.*

*These infosheets are designed to give you information as you progress into your pregnancy. Each sheet will start with information relating to your baby's growth and development so you can learn what is happening to your baby as it grows. We will then talk about how you are changing and give you suggestions to help with some of the changes you are experiencing. We will also give you information on what you can expect at your next office visit. At the end of each packet, there is a space for questions that may come up as you read. Please write these questions down and bring them with you to discuss at your next office visit. We recommend that you keep these sheets together in your Notebook. This way, you can re-read them as often as you like. Don't forget, you can always access the **Web Page** for information, have questions answered, or e-mail us!*

### Your Baby's Growth and Development

About eight weeks after conception, your baby is a developing "embryo." It weighs about 1/30<sup>th</sup> of an ounce and is an inch long. The head is nearly as large as the body. Your baby's body is fairly well formed already. Eyes, ears, nose, and mouth are present. The arms have elbows, hands, and fingers. The legs have knees, ankles, feet, and toes. The internal organs are also beginning to work. The baby's heart has been beating since the third week!

By the eighth week, the placenta and umbilical cord have developed. These provide nutrients to the baby and remove waste products. The placenta also produces hormones necessary for the pregnancy. The umbilical cord will circulate blood between the baby and the placenta. However, the baby's blood and mom's blood are separate.

### Your Due Date

Your due date is an **estimation** of the date that your baby will be born. We calculate your due date as 40 weeks from the first day of your last menstrual period. Please remember, a normal gestational period is anywhere from 38-42 weeks.

You will receive an ultrasound early in your pregnancy, which can help to confirm the estimated gestational age of your baby.

Your Best Chance for a Healthy Pregnancy and Healthy Baby

### Getting Medical Care

Even low-risk pregnancies can become high-risk, especially if you are not receiving adequate prenatal care. It is essential that you get locked in with a provider within your first trimester (4-14 weeks). It is also just as important

that you make and keep all of your scheduled appointments. Your doctor relies on you to report any abnormal signs or symptoms and to follow some of the suggestions listed below.

### Following a Good Diet

We have provided a prenatal diet in this Infosheet packet as a tool to assist you with meal planning. You may also follow the guidelines in your WEWYE book on page 80. A gradual, steady weight gain is recommended. Overall, we recommend that you increase your calories by 300 per day, drink at least eight medium sized glasses of water per day, and eat a total of at least five fruit and vegetable servings, four servings each of protein and calcium, and two servings of Vitamin C foods per day. You may find that some of your food preferences and tolerances change during your pregnancy. Please see the handout on Morning Sickness.

### Exercise

Mild to moderate physical activity (low to moderate impact) is good for pregnant women, and in a normal pregnancy, this will not harm the baby. If you didn't exercise regularly before you were pregnant, NOW is not the time to begin a vigorous workout, but you may want to try a brisk walk. Swimming is another great workout, but avoid diving in the later months and scuba diving should be avoided at all times during your pregnancy.

If you are used to jogging, you may continue, but be sure not to overheat and stop for rest if you feel tired or uncomfortable. Also, remember that as your pregnancy develops, your center of gravity will change, so take extra care. Because of this change in your center of gravity, you may find sports such as tennis, golf, and bowling may be more difficult. Water skiing and surfing should be avoided completely, because you can hit the water with great force. Taking a fall at fast speeds could be harmful to you and your baby. Whatever you choose, discuss it with your provider before you begin your exercise program. Begin and end your program with a warm up and cool down routine. Avoid exercise in hot weather, and be sure to drink plenty of water and check your pulse rate. Your pulse rate should never exceed 140 beats per minute. After your fourth month, do not exercise lying flat on your back, and if you do floor exercises, rise slowly to a standing position to avoid dizziness.

### No Smoking

Quit as early in pregnancy as possible to avoid increased risks to mother and baby including low birth weight and premature birth. Please ask your provider or any of the clinic staff for assistance in enrolling in a tobacco cessation program offered through the Naval Hospital Wellness Center. Also see WEWYE page 55.

### No Alcohol

The avoidance of alcohol will reduce the risk of birth defects. See WEWYE page 52.

### Drug Avoidance

All illicit drugs are harmful to you and your baby. All medications should be avoided unless approved or prescribed by your provider. Below, you will find a list of some common over-the-counter drugs that ARE safe to take while



pregnant. \*Listed by brand names.

*Headaches:*

Tylenol, Datril

*Cold:*

Tylenol, Sudafed, Saline nose spray, Robitussin (no alcohol), also try a humidifier and increasing your fluids

*Constipation:*

Metamucil, Fiber-All, MOM, bran cereals, and increased fluids

*Diarrhea:*

Kaopectate. Small frequent sips of clear liquids

*Indigestion:*

Tums, Rolaids, Maalox, Mylanta II, Zantac and Riopan

*Hemorrhoids:*

Preparation H, Anusol

*Nausea/Vomiting:*

Vitamin B6 (up to 75mg/day), Emetrol and Phenergan

*Vaginal Itch/Infection:*

Monistat, Gyne-Lotrimin

## Avoid Toxins

Thankfully, things aren't as bad as the media reports, but we do know that some things, such as x-rays, and lead can be harmful and should be avoided. If you work in the following conditions, please talk to your provider: working with lead or mercury; manufacturing of paint, glass, batteries; printing, ceramics/pottery glazing, use of dry cleaning solutions, manicuring acrylic nails, working around radiation or radioisotopes.

Another toxin to avoid is found in **cat litter**! Cat feces transmit a parasite to humans, which can cause an infection called toxoplasmosis. The flu-like symptoms can be so mild; you may not know that you have it. However, if a woman becomes infected during pregnancy, brain or eye defects can develop in the baby. Be sure to wear rubber gloves while gardening, or if you **MUST** be the one to change the litter. Be sure to wash your hands thoroughly when you're done.

## Rest

Most women have a cape with a large "S" on it somewhere in their closet, but now is the time to slow down. Get plenty of rest and listen to the cues from your body. During your first and third trimesters you will find that you are probably more tired than usual, so take heed. You may need to add an extra hour of sleep to your nighttime regime and even an afternoon nap.

## Car Safety

Always wear your seat belt! The seat belt can protect both you and your baby if worn properly. Be sure to wear both the lap belt and the harness. The lap belt should be worn low and below the baby. Should you be in a car accident or brake so quickly that your seat belt hurts you, you should call Labor and Delivery at (787) 865-5948.

## CHANGES IN YOU

You may find that you are beginning to notice some changes in your body and in the way that you feel. Some common side effects of pregnancy are:

### Heartburn

It may begin early, but becomes more severe later in pregnancy, and it's caused by the decreased motility of the GI system and the compression of the stomach by the growing uterus. Avoid a large meal and then lying down—heartburn is almost a guarantee.

You can also try antacids (listed above) for some relief.

## Increased frequency of urination

Most women find they are going to the bathroom more frequently in their pregnancy—especially during the last few weeks: This is caused by the enlarging uterus putting pressure on your bladder. However, if you note any burning with urination, please contact your provider.

## Breast changes

A common symptom is tingling or soreness in the breasts or nipples. You may also notice the areola is beginning to darken or an elevation of the glands around the nipple. Your breasts may actually double in weight by the time you reach the end of your pregnancy. Now is the time to invest in a supportive and well-fitting bra. The side seams of the bra should be along the same line as your shoulder and hip. Most department stores have clerks who are certified fitting experts who can assist you in finding a comfortable bra.

## Constipation

It's common for your bowel habits to change and most women find that they notice an increase in constipation and irregular bowel movements. This can also lead to the occurrence of hemorrhoids. Try increasing your fluid intake, mild exercise, prune juice, and including high bran foods to increase bulk.

## What to expect at your first prenatal visit with your provider:

Your provider will perform a complete history and physical exam. This will include a PAP smear, a pelvic exam, and breast exam. Be sure to discuss past gynecological and obstetrical histories with your provider, as well as any questions or concerns that you may have. Include any medical conditions and your current medication history. It is also important for you to bring any additional medical records that have information about chronic or serious illnesses or past obstetrical information. If you have had a prior cesarean section, we **MUST** have a copy of your operation report. As always, the information you discuss with your provider will remain private.

## QUESTIONS

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## About Morning Sickness

Although it's commonly called Morning Sickness, nausea and vomiting can occur anytime during the day. Morning Sickness usually disappears by 12 to 14 weeks of pregnancy. Here are a few suggestions that may help reduce the harshness or length of time of the nausea:

- Eat five or six small meals throughout the day and never go for long periods of time without food.
- Do not use tobacco and alcohol.
- Eat some raisins or saltine crackers in bed before you get up in the morning. Some women find that including some peanut butter on the crackers is very helpful—it's the protein with the carbohydrate that helps
- Rise slowly and avoid sudden movements. Take about 15-20 minutes to get up—letting your snack settle
- Avoid greasy and/or fried foods or highly seasoned foods
- Drink small amounts of apple or grape juice or carbonated beverages. Avoid citrus juices when feeling nauseated as this can make you feel worse.
- Use an exhaust fan when cooking to help decrease odors as they may act as a trigger for you.
- Minimize stress
- Try Sea-Bands. The 1-inch bands worn on each wrist put pressure on the inner wrist and can often relieve nausea. You can find them at a marine shop or local pharmacy.
- Try a different toothpaste or mouth rinse if you're having trouble brushing your teeth, because it's important that you brush and/or rinse after every bout of vomiting.
- Check out an excellent book by America's foremost expert on morning sickness. No More Morning Sickness, by Dietician Myriam Erick, contains information on remedies gained through her excellent work with thousands of pregnant women.

## A Recommended Pregnancy Nutrition Diet

*Pregnancy Weight Gain Recommendations*

PRE-PREGNANCY WEIGHT	TOTAL WEIGHT GAIN	RATE OF GAIN 2 <sup>ND</sup> /3 <sup>RD</sup> TRIM
<i>If you are:</i>		
<b>Normal Weight</b>	25-35 pounds	1 pound/week
<b>Underweight</b>	28-40 pounds	more than 1 pound/week
<b>Overweight</b>	15-25 pounds	2/3 pound/week
<b>Twins</b>	30-35 pounds	1 ½ pounds/week

## Nutrient Supplements

Nutrient supplements are usually prescribed for all pregnant women in the form of Prenatal Vitamins. Some women will also require extra Iron and/or Folic Acid. Excessive vitamin and mineral intakes should be avoided and any supplements should not exceed twice the recommended amount for adults.

### Food Safety

Foodborne illness is especially dangerous for pregnant women. It is important to follow all labeling instructions such as "refrigerate after opening," or "use by...." Be sure to store foods at proper temperatures. You should avoid eating raw meats and be sure to wash your hands thoroughly after handling any raw meat. You should also wash cutting boards and knives after contact with raw meat, poultry, or seafood.

### Sodium

Normal sodium intake is needed during pregnancy to support the large prenatal expansion of tissues and fluids. Sodium intake should not be restricted.

### Teen Pregnancy

Teens should gain weight at the upper end of the appropriate weight and height ranges. Teens are at risk for iron deficiency and inadequate caloric intake. It is essential that you plan regular meals with healthy food choices.

### Vegetarian Diets

The type of vegetarian diet will determine the potential risk for nutrient deficiencies. You should discuss your diet with your provider to ensure you are getting the essential vitamins and minerals you and your baby need. Most pregnant women who eat milk and cheese can meet the increased needs of pregnancy. Vegan diets will need careful planning, and alternate sources of B12 and Calcium may be needed. Some inclusions of high fat foods such as nuts, wheat germ, avocados, coconut, honey, and salad dressing may also be helpful.

### Nutritional Adequacy

This diet is designed to provide adequate amounts of calories, protein, vitamins, minerals, and other nutrients to meet the nutritional requirements of pregnant women.



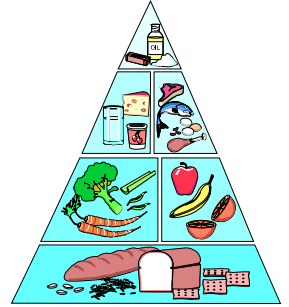
*A healthy diet is vital for a healthy baby*

# WOMEN, INFANTS AND CHILDREN NUTRITION PROGRAM

**a. WIC** is a supplementary nutrition program for women, infants and children under five (5) years of age. They provide certain nutritive foods in order to improve the mother's and child's state of health during the critical periods of growth and development.

**b. Who is eligible?** Pregnant women, mothers who are breast-feeding, infants, and children under five (5) years of age that are at risk for nutritional deficiencies.

In order to receive services, you will need a referral (obtain from your provider), a copy of your LES, a copy of your address (on a document, ie. bill), and a copy of your child's vaccination card. An appointment is strongly encouraged, especially for your first visit. The contact at Roosevelt Roads can be reached at 787-865-4826. To find out if you are eligible to receive benefits off base, contact 787-865-4826



## WIC Offices (Outside Roosevelt Roads):

### CEIBA:

Romero Street #7  
Ceiba, Puerto Rico 00735  
Telephone: (787) 885-0076/4618

### FAJARDO:

General Valero Street  
Fajardo, Puerto Rico 00738  
Telephone: (787) 863-4000/1150

### LUQUILLO:

14 of July Street  
Luquillo, Puerto Rico 00738  
Telephone: (787) 889-2620/2671/2260 ext. 236

### RIO GRANDE:

Las Flores Street  
Rio Grande, Puerto Rico 00745  
Telephone Number: (787) 888-4422/1000 ext. 2061

*For more information, contact the Fleet and Family Support Center at 787-865-4097*



## 8-12 Weeks

### Today:

*You will have a complete physical, including a Pap smear and breast exam. Be sure to talk with your provider about concerns you have with this pregnancy or your health!*



### Your baby's Growth and Development

Your baby is growing rapidly! The size has almost doubled in the past three weeks. Right now, it's about 2.6 to 4.0 inches in length and weighs about 0.5 to 0.9 ounces. Your baby is about the size of a peach right now. Your baby is now entering the fetal period, which follows the embryo period where organ development occurs. This fetal period is a time of rapid growth and tissue maturation of the organs that have already developed. Your baby's head is about twice the size of the body right now, and the face is starting to look more human-like with the eyes and ears moving into normal positions. Your baby's intestines are beginning to move from the umbilical cord, where they develop, into the fetal abdominal cavity. You may be able to hear the baby's heartbeat with the use of a Doppler while at your visit.

### Changes in you

Your uterus has grown quite a bit and you can probably feel its upper edge in the low part of your abdomen (about 4 inches below your belly button), and you may find that your clothes do not fit you. So, instead of fighting the inevitable (you will get bigger), move into more comfortable clothing that fits and provides room to grow. If you have had a baby already, you will probably find that you are showing earlier and feel bigger. Your skin and muscles stretched previously to accommodate your pregnancy but they are never really the same as they once were, so they may give way faster to accommodate your growing baby and uterus.

You may also find that your morning sickness, if any, is starting to diminish. Your energy level should also begin to increase during this fetal period.

**Your Emotions** Pregnancy can be very emotional for some women. Mood swings, irritability, irrational thoughts, and tearfulness are common. It's also normal to feel disorganized and to have trouble concentrating. Unfortunately, this mental fog may not lift until after your baby begins sleeping through the night. Accept how you're feeling and don't be afraid to discuss these feelings with your provider and the important people in your life.

**Your Libido** In early pregnancy, your sexual desire may increase. This could be due to the fact that you're no longer worried about becoming pregnant. On the other hand, you may find that your desire is spiraling downward or has already disappeared—especially if you have been plagued with nausea, vomiting, fatigue, or breast tenderness. Remember, this will pass.

Don't be inhibited by fear of miscarriage or hurting the baby. In a normal

pregnancy, the amniotic sac protects and cushions the baby. Intercourse and fondling are fine throughout pregnancy. However, if you have any spotting or bleeding, you should not have intercourse. You may find that the typical missionary position is less than ideal. Breast tenderness may require avoidance of direct pressure on the breasts. As your uterus and baby get bigger, this position becomes even more difficult. Experiment with different positions to find one that is comfortable for you.

### What to expect at your next visit

You will have your weight and your vital signs taken during the check-in process. Your provider will listen to your baby's heartbeat with a medical device called a Doppler. He or she will also feel for your uterus and may measure its height to ensure adequate fetal growth. The height of your uterus, if measured in centimeters, usually corresponds to the number of weeks you are in your pregnancy. For example, when you are 20 weeks in gestation, your fundal height (your fundal height is the top of your uterus) should be at the level of your umbilicus or 20cm.

### Triple Screen

This is an optional, but strongly encouraged, blood test and is performed between the 15<sup>th</sup> and 20<sup>th</sup> weeks of pregnancy. This test can detect increased risk for some, but not all, neural tube defects. Neural tube defects are abnormalities of the baby's spine and/or brain and can occur in 1 out of every 500 babies. It can also help to determine if your baby is at risk for Down's Syndrome, which is a chromosomal abnormality resulting in some mental, physical, and/or developmental challenges, and can alert us to some increased pregnancy risks. Taking a small sample of blood from you is needed for the test and then the specimen is sent out to a laboratory for testing.

### "Should I take this test?"

Some women feel they don't need to take this test because they wouldn't terminate the pregnancy if an abnormality is determined. However, it can be useful for you and your provider for other reasons. It may be very helpful to have consultations with

specialists prior to the birth of your baby. Also, if emergent interventions would be required, we could arrange for the birth of your baby to take place in just the right environment with all the right doctors ready to assist. Please remember, these results will only be accurate if done between the 15<sup>th</sup> and 20<sup>th</sup> weeks of your pregnancy.

### Ultrasound

An ultrasound may be done early in pregnancy between 8-12 weeks of pregnancy to confirm the age of the fetus. An ultrasound is used to examine the baby while in the mother's uterus. Ultrasound uses sound waves that are reflected off the fetus and transformed into an image on a TV monitor. Ultrasound does not use X-rays and there are no known harmful side effects to



either you or your baby. A second ultrasound will be ordered in Radiology around the 5<sup>th</sup> month of your pregnancy. The ultrasound can provide you and your provider with valuable information such as:

- (1) the age of the fetus;*
- (2) the size of the fetus as compared to its age;*
- (3) the location of the placenta;*
- (4) the number of fetuses;*
- (5) some types of birth defects and*
- (6) the amount of amniotic fluid.*

Although we are sometimes able to tell, it is not intended for the purpose of determining the baby's sex.

#### **When a question arises**

Please feel free to call your clinic if you have a question that cannot be answered in your handouts or your WEWYE book. If you have a medical emergency that arises at night, or on a weekend or holiday, call the ER at 865-5997 if you are less than 20 weeks pregnant. If you are greater than 20 weeks pregnant, please call L&D at 865-5948 or 865-5911.

#### **Available Classes:**

- 1. New OB Class** – if you haven't already attended due to recent transfer to our facility, please arrange to attend as soon as possible. This class discusses most issues in the first and second trimester of pregnancy
- 2. Budgeting for Baby** - should attend as soon as possible at the Navy & Marine Corps Relief Office 865-3210
- 3. Breastfeeding Class**-28-32 weeks
- 4. Third Trimester Class**-28-36 weeks
- 5. Other classes are available**...please ask for information on other topics if desired.

#### **Questions**

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## NAVAL HOSPITAL ROOSEVELT ROADS

### ***Informed Consent of Carrier Testing For Cystic Fibrosis***

Cystic fibrosis (CF) is a genetic disorder. It is caused by changes in a pair of CF genes. While it is one of the most common genetic diseases in Caucasians, affecting about 1 in 2500 people, it also occurs less frequently in Hispanics Americans, African Americans, and Asian Americans. CF is primarily a childhood disease, causing lung damage, pneumonia and decreased life expectancy. Although treatments have improved, CF is not a curable disease. Most CF carriers have no family history of affected children. If two cystic fibrosis carriers have children, the risk of having an affected child is 1 in 4. Cystic fibrosis carrier testing can be diagnosed by a simple blood test. This is a DNA test specifically for cystic fibrosis, and does NOT test for other disorders. Testing can be performed on couples or individuals. Results are usually available within two weeks. If you are found to be a carrier, additional information and genetic counseling will be provided. Please review the pamphlet "*Cystic Fibrosis Carrier Testing; The Decision is Yours*" and sign this form indicating whether or not you wish to undergo testing.

You should be certain you understand the six items listed below. If you are not certain about any of them, please ask your health care provider to explain them further before signing this form accepting or declining CF carrier testing.

1. I understand that the decision to be tested for CF carrier status is completely mine.
2. I understand that the test does not detect all CF carriers.
3. I understand that if I am a carrier, testing the baby's father will help me learn more about the chance that my baby could have CF.
4. I understand that if one parent is a carrier and the other is not, it is still possible that the baby will have CF, but that the chance of this is very small.
5. I understand that if both parents are carriers, additional testing can be done in order to know whether or not the baby will have CF.
6. I understand that if the baby has inherited a changed CF gene from each parent, the only way to avoid the birth of a baby with CF is by terminating the pregnancy.

**I have read and understand the information on cystic fibrosis carrier screening and:**

- ☐ ***I want CF carrier testing***
- ☐ ***I do not want CF carrier testing***

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Patient's Name: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Provider's Name: \_\_\_\_\_



**16-18 Weeks****Today:***Sign up for your 1<sup>st</sup> Prenatal Class**Have Triple Screen done**Schedule U/S in Radiology**Turn in Operation Report from previous Cesarean Sections***Your Baby's Growth and Development**

Your baby is now about 4.4 to 5.5 inches in length and weighs about 4 ounces. Now is the time when the baby starts putting on some fat. If you spread your hand open wide, this will show you about how big your baby is right now. Fine hair, called lanugo, is growing on your baby's head and is starting to cover the body. Fingernails are well formed. The arms and legs are moving and you may start feeling this movement. This movement is called "quickening." You may not feel movement everyday during this time, but the movements will become stronger and more frequent as your pregnancy progresses.

**Changes in You**

We will list a few common problems and some relief measures that tend to be helpful in this next section.

**My aching back!** Most, if not all, women experience backache at sometime in their pregnancy. You will especially notice the aches after excessive bending, lifting, or prolonged standing. You might try to apply heat or ice for 15 minutes to the area for comfort. The growth of your uterus changes your center of gravity and is shifted over your legs. You also have an increase in the hormone called Relaxin that causes an increase in the mobility of your joints. The sacrococcygeal, sacroiliac and pubic joints (pelvic and hip areas) can all be affected.

The change in the joint mobility can affect your posture and cause the discomfort in your lower back. It can also lead to problems with sciatic-nerve pain. This pain is characterized by an occasional excruciating pain in the buttocks and down the back or sides of the legs. Your sciatic nerve runs behind the uterus in the pelvis to the legs, so your shifting joints and/or growing uterus can put pressure on this nerve. The best way to relieve this pain is to lie on your opposite side to take some of the pressure off of the nerve. A maternity girdle or pregnancy belt can be worn to help support the weight of the uterus and to decrease the mobility of these joints. Several department stores including J.C. Penney and maternity specialty stores at the Beltz Outlet carry these products. Don't forget your good body mechanics. Bend at the knees and not the waist. Roll to or lie on your side before getting in or out of bed. Wear good, supportive shoes. Mild exercise can help to strengthen supportive muscles. Keep an eye on your weight gain, as excessive weight gain can contribute to increase in back pain. Try to find at least 30 minutes in the middle of your day where you can rest on your side to give those muscles a break. To help with maintaining good posture while lying down, place a pillow between your knees. You may also want to place a roll (roll up a towel or get a piece of foam) in the small of your back to help maintain good posture while you are seated. You can also take acetaminophen and apply heat or ice to the area for comfort.

**Ligament Pain** This is a common discomfort during pregnancy. These round ligaments support the uterus and as your uterus grows, these ligaments stretch and can pull. This ligament pain feels like a sharp pulling sensation on either or both side of the lower abdomen. Some women also feel this pain in

their upper thighs. It can occur with twisting motions such as turning over too quickly in bed or with walking quickly. It can also occur with a sneeze or cough and with position changes such as rising from sitting to standing. To avoid the round ligament pain, use your hands to support the weight of the uterus or the weight of your body when you change positions. The pregnancy belts or girdles can also help with relieving this pain. If the pain does occur, lean back in a slant position supporting your back with your knees bent. Tylenol and ice to the area can also help to heal the inflamed ligament.

**Leg cramps** Many women notice an increase in leg cramps-especially at night. If they occur, stretch your calf by pulling the toes up in the direction of your head while lying down or seated, with your legs straight. You can try walking or curling your toes to release the cramp. You might also lightly massage your calf and apply some heat or ice to the area with cramps. Ask your provider about increasing your calcium or potassium.

**Nasal Problems** Some women complain of stuffiness or frequent nose bleeds. These symptoms may occur because of changes in your circulatory system due to hormone changes. This can cause the membranes inside your nose to swell and bleed easier. Typically decongestants and nasal sprays will not provide relief. You may get some relief from a humidifier, increasing your fluids, and using a lubricant (petroleum jelly) inside your nose to aid with moisturizing.

**Difficulty sleeping** Many women find their sleeping habits change while they're pregnant. Of course, you may find that your sleeping habits will never be the same again after the introduction of children into your lives. Try not to lie on your back when you sleep since the main blood vessel that supplies blood and oxygen to the baby runs under the uterus. If you lie on your back, the weight of the uterus can compress this vessel. Of course, lying on your stomach isn't such a good idea either, because it puts a lot of pressure on your uterus. So, the sooner you start learning to sleep on your side (don't forget the pillow between the knees and maybe one behind your back), the more it will pay off as you get bigger.

**Vaginal Discharge** Whitish, or lightly colored vaginal discharge is normal and may increase throughout your pregnancy. Good feminine hygiene is important now. Avoid douching or over using feminine soaps or sprays, as they can be irritating. Do not use pantyliners or pads as they can lead to yeast infections. Instead, to remain dry, change your panties as needed. If you notice any yellow or green discharge or any that is thick and cheesy, contact your provider. Also, tell your provider if you have any foul vagina odors; or itching, burning, or soreness in the area.

**YOUR NEXT VISIT**

**Urine Testing** If your blood pressure is higher than normal or you have an unexplained large weight gain, your provider might order a urine test. This test is performed to check for protein and/or sugar in the urine. If your urine tests positive, additional tests may be performed.

*What does it mean if I have sugar in my urine?* It is common for normal, pregnant, non-diabetic women to have a small amount of sugar in their urine, because of changes in your sugar levels and how your kidneys handle this sugar. If there is excess sugar in the urine, it is called glucosuria. Additional lab work may be ordered, as this may indicate the development of gestational or pregnancy diabetes. However, only 2% of women ever develop a mild form of this diabetes and it is usually controlled with diet modifications. All patients are routinely screened for gestational diabetes at 28 weeks of pregnancy. (WEWYE 152-54, 350)



### What if there's protein in my urine?

This could be an indicator of PIH (Pregnancy Induced Hypertension), or Pre-eclampsia (you may hear these two terms used interchangeably). Other indicators of this disease process are excessive, rapid weight gain, increased blood pressure, and generalized swelling. Other non-specific, yet important, symptoms include pain under the ribs on the right side, headaches not relieved with Tylenol, seeing spots and/or visual changes. These are all warning signs and should be reported to the clinic immediately, especially if you have had any trouble with your blood pressure. Keep in mind, most women experience swelling in pregnancy, which may not mean that you have pre-eclampsia. If you have any other symptoms in conjunction with this symptom, you should contact your provider, or Labor and Delivery if the clinic is not open. (WEWYE 204, 152, 217, and 351-52.)

### Questions

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## 24 Week Visit

### Today:

*Register for Budgeting for Baby Class (Navy & Marine Corps Relief) or New OB class (if missed previously)*



### Your Baby's G&D

Your baby now weighs about 1.2 pounds (530 grams) and is about 8.4 inches in crown-rump length. Your baby is filling out, and the face begins to look more like that of an infant at the time of birth.

Your baby is resting and growing inside of an amniotic sac filled with amniotic fluid inside of your uterus. This sac provides the perfect environment for the baby so the baby may move easily. It also serves as a cushion for the fetus against injury. The fluid in the sac also regulates the temperature. It is also a good way to assess the health of your baby since we know that the fluid level should now begin to increase steadily. If there is an alteration in the fluid levels, such as too much or not enough, additional testing will be done. To ensure adequate amounts of fluid, we monitor your growth and your baby's movements. Beginning at 28 weeks, we will have you record your baby's movements daily. Please read the Fetal Kick Count (FKC) sheet for detailed instructions.

### Changes in You



Your uterus is now an inch or two above the belly button and is about the size of a small soccer ball. You may feel an occasional tightening in your abdomen, which is normal. However, if you are feeling menstrual cramps (these may come and go or they may be constant) or tightening of the uterus more than six times in an hour, this could be a sign of **Premature Labor**. Other signs may include: pelvic pressure that feels like the baby is pushing down (could be constant or

intermittent); mucous-like, watery, or blood-tinged mucous; spotting, or a feeling that the baby is "balling up inside."

#### **If you should experience any of the above symptoms you should:**

- *Stop what you are doing*
- *Empty your bladder*
- *Drink 3-4 glasses of water*
- *Lie down on your left side for one hour and place your hands on your abdomen, feeling with the palms of your hands and fingertips for tightening and hardening of the uterus.*
- *Count how many ctx (contractions) you have in an hour*
- *If you are having ctx every 10 minutes or sooner that last for more than one hour, even though you have followed the above instructions, call L&D at 865-5948*

· *If you have any other sign of preterm labor associated with the cramping or ctx that does not go away with the hour of rest, call L&D at that time at 865-5948*

### Varicose Veins

Varicose veins are visible, enlarged blood vessels, which may occur in your legs. The cause may be from hormone changes, prolonged sitting or standing, or heredity. Your calves may ache or throb even if these veins are not visible. Try to avoid standing or sitting for long periods, as moving around helps circulate the blood. While sitting, avoid crossing your legs at the knees, and try propping your feet up. Avoid tight clothing that hampers circulation. Sometimes, support hose or stockings can help prevent aching in your calves.

### Heartburn may be increasing

- *Avoid over-filling your stomach*
- *Decrease your beverages with meals because this can slow down the digestive process*
- *Cold foods can inhibit the flow of gastric juices and may add to your heartburn*
- *Avoid bending over or lying down right after you eat*
- *Eat small, frequent meals each day*
- *Chewing gum after meals may help*
- *Try antacids for relief*

### Skin Changes

As your uterus and breasts grow, your skin must stretch to allow for the increased size. You may notice reddish streaks on your abdomen, breasts, buttocks, and/or thighs. These are called "stretch marks." After birth, these red marks may fade to little silver strands, but they will probably never go away completely. Unfortunately, there is absolutely nothing available, such as lotions, oils, or creams that will prevent or eliminate stretch marks.

You may also notice a dark line going from belly button down to your pubis. This line is called "linea nigra". This is seen more commonly in women with darker complexions and hair. It forms due to hormonal changes and should disappear or fade after delivery.

Brown spots may appear on your nose, cheeks, forehead, or neck. This is called the "mask of pregnancy" and is caused by hormonal changes. The sun can make the spots appear darker, so be sure to wear sunscreen and a hat while outdoors. These spots should fade or disappear after delivery.

Some women notice little red dots on their face, neck, upper chest, or arms. You may even notice redness on the palms of your hands. They, too, are a result of hormonal changes and should disappear after birth.

Your areola, the area around the breasts' nipples, may also become darker. Hormones cause this, but it also acts as a "cue" for the baby, which helps the baby to visually find the nipple for breastfeeding.

On the plus side, you may find that your nails and hair will grow more rapidly.

## WHAT TO EXPECT AT YOUR NEXT VISIT

You will begin your FKC (Fetal Kick Counts), as mentioned earlier, so your provider will give you more specific details. You will have your routine examinations such as: weight, blood pressure, fundal height, and fetal heart beat monitoring. If you are Rh negative, you will receive your Rhogam injection. You will have blood work done. These tests will be ordered for you in the hospital's computer system and they will be done in the laboratory located on the 1<sup>st</sup> floor. You will be tested for gestational diabetes and for anemia. You will receive information regarding birth control options.

### Testing for Anemia

Performing a simple blood test does this. This test will let us know if you're receiving enough iron in your diet and prenatal vitamins to produce blood cells, which carry oxygen to you and your baby. If it is determined that you have an anemia due to low iron, this can be easily corrected with diet modifications and inclusion of an iron supplement.

### Testing for Gestational Diabetes (GDM)

As mentioned earlier, everyone is screened for GDM. This is also

done by testing your blood. This test will accurately tell us how your body is responding to your sugar levels. To do this test accurately, we ask that you:

- Eat your usual meals (breakfast or lunch) the day of the test.
- Report to the lab where you will drink a small bottle of Glucola. This is a very sweet drink (much like a soda without the fizz) that has a specific amount of sugar in it. You must drink all of this Glucola.
- One hour later, you will need to have blood drawn. It is important that you have nothing to eat, or drink (except for water) during this hour. No candy or gum either since it can affect your test results.
- When you report back to the lab please tell them you are doing a "timed test" to ensure no delays in getting your one hour blood draw.

**Classes:** At your next visit, and in your next info sheet, we will discuss feeding options and you may register for a breastfeeding class, so bring your calendars! We also recommend you attend the Third Trimester Class which addresses many labor related issues, as well as providing you with a Labor and Delivery Tour!!

### Questions

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## 28 Weeks

### Today:

*Sign up for missed Prenatal Classes*

*Sign up for Breastfeeding Class*

*Enroll in Third Trimester Class*

*Get Your 28 week Labs*

*Get Rhogam if indicated*

### Your Baby's G&D

Now is the time that your baby really begins to put on weight. Your baby's weight has doubled since your last visit! Your baby weighs about 2.5 lbs. and its crown-rump length is about 10 inches. The baby starts to lose the lanugo, especially from the face. The baby has a large amount of vernix covering the body. This is a cheesy-like substance that covers and protects the skin while the baby is living in the amniotic fluid. This vernix decreases on the skin as the baby matures and grows. Eyebrows and eyelashes may be present now.

Until now, the baby's brain has appeared smooth, but it is now beginning to form grooves and indentations on the surface. Brain tissue also increases during this time.

Now that you are 28 weeks, you should be feeling your baby move (kick, roll, twists, turns, and jabs) on a regular basis. One very reassuring way to determine the baby's overall health and well-being is to notice and record your baby's movements on a daily basis. By now, you probably know when your baby is most active. It may be after a meal, early in the morning, at night when you go to bed, etc. Whenever that time of activity, you should count your baby's movements until you count ten movements and note how long it takes to feel the ten movements. You should be able to get ten movements within an hour. For example, if your baby is most active about 7:00, then you should start the "stop watch" then. If you have felt 10 movements by 7:19, then it took you 19 minutes to get your kicks (FKCs).

#### If you do not get ten movements in the hour, you should:

- *Get up and walk around for about 5 minutes*
- *Drink something cold or chew some ice chips*
- *Go to a quiet area where you can concentrate without distractions*
- *Start counting all over again. You are again trying to get ten movements in an hour.*

**If you do not get ten movements during your second hour, you should report to Labor and Delivery immediately.** We need to ensure the safety and well-being of your baby.

Remember, it is important to count your kicks every day and to do them close to the same time everyday. You will be the first person to notice any changes in your baby.

Your provider will want to know an approximate average of how long it takes you to get your FKCs, so please have that information available on your FKCs Sheet. Let them know if there have been any major changes in your baby's normal routine.



## Changes in You

You are definitely "showing" by this stage of the game. Your uterus is about 3 inches above your belly button. You've probably gained somewhere in the neighborhood of 17-25 pounds by now. You may also start experiencing some swelling/numbness/pain in your hands and wrists. This is called **carpal tunnel syndrome**. You may find the symptoms are more severe at night since fluid and swelling have been worsening all day. Avoid sleeping on your hands or bending your wrists more than about 15-30 degrees in either direction for any long period. When numbness occurs, hang your arm down and shake it vigorously—this may help. If you can't get any relief and are having trouble sleeping, ask your provider about getting a wrist splint from our Occupational Health Department.

You may also find that you have some rectal bleeding or **hemorrhoids**. Try to avoid constipation by: increasing fluids and bran; avoid long periods of standing or sitting, as this puts additional pressure on the rectum; don't strain when having a bowel movement—instead, place feet on a step stool to help with your bowel movement; do kegal exercises regularly (WEWYE 190), apply witch hazel pads or ice packs for comfort; if unrelieved, talk with your provider about using a stool softener or topical ointment.

Now is the time to think about how you want to **feed your baby**. For some women, this is an easy decision; but for others, it can be a tough and confusing choice. We will list some of the benefits of both bottle feeding and breastfeeding to help in your decision making process. Although we at NHRR and the American Academy of Pediatrics strongly recommend breastfeeding, we want you to know that your feeding decision will be supported.

### Breastfeeding

There is no dispute that in normal circumstances, breastmilk is the perfect food for newborns and infants. We encourage you to learn as much as you can about breastfeeding ahead of time.

- Human milk contains at least 100 ingredients not found in cow's milk—nor can the formula companies exactly duplicate these ingredients. Your breastmilk is specifically designed for your baby! Did you know that your breastmilk actually varies from day to day and from feeding to feeding? It does this to meet the exact needs and demands of your baby.
- Breastmilk is more digestible than formula, causes less constipation and stomach upsets. It contains a natural laxative to help your baby pass wastes quickly and easily. There are also organisms in breastmilk which encourages the development of the digestive tract and reduces the incidence of diarrhea by promoting the growth of natural flora.
- You pass along all of your antibodies through your breastmilk providing a healthier start for your baby. Breastfed babies have fewer stomach upsets, ear infections, respiratory illnesses, and allergies (AAP 1984).
- Nursing requires more sucking effort and helps promote the development of jaws, teeth, and palate.
- Breastfeeding is convenient! Nothing to mix, nothing to heat, nothing to fetch in the middle of the night, nothing to delay your baby's feeding,



nothing to prepare before leaving the house. It comes in the right amounts and the right temperature and at the right times.

· It is economical. In fact, it's free! There's no bottles or formulas to buy and/or waste. Formula can cost anywhere from \$75-150 per month.

· Breastfeeding promotes bonding. It's documented that breastfed babies receive more rocking, cuddling, caressing, and were talked to more than bottle fed babies. This helps to develop the babies' sense of security and to meet their emotional needs. They also receive skin-to-skin contact at least 6-8 times/day, which aids in the emotional gratification (Huggins 1986).

### Bottle Feeding

· Bottle-feeding doesn't tie the mother down to her baby. She can leave or sleep as desired because someone else can feed the baby.

· Fathers can participate in the feeding responsibilities and share in the bonding that occurs during feeding

· Bottle-feeding may not interfere with a couple's sex life. If breastfeeding, the vagina is a little dryer and the breasts may leak during orgasm. The breasts can be used in a sensual role rather than their utilitarian role.

· It may be preferred if you are squeamish about the intimate contact or are afraid of nursing in public.

Before you make any final decisions, be sure to discuss your feelings and thoughts with your significant other and your provider. We strongly encourage everyone to take a breastfeeding class to learn more about it and how to do it correctly. After you attend the class, if you still have questions, ask your provider to arrange a consultation with the **Lactation Consultant**. There's no harm in trying to breastfeed. It may be something you enjoy. If it doesn't work out, you are NOT a failure! Stop and switch to formula feeding.

### Birth Control Options

Now is the time to think about which method of contraception you and your partner wish to use. There are many options available.

You will find a handout with today's infosheet that will give you additional information on different birth control options. Please talk to your provider to determine which method best meets your needs. Please keep in mind, if you wish to have a tubal ligation, you must receive contraceptive counseling and sign a consent form 30 days prior to delivery, so don't delay in discussing this with your partner and your provider.

## At Your Next Visit

### Routine exams.

You should sign up for the 3<sup>rd</sup> Trimester Class & Tour

*DON'T FORGET TO STOP BY THE LAB AND HAVE YOUR 28 WEEK LABS DRAWN TODAY!!!*

### QUESTIONS

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2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**ANESTHESIA QUESTIONNAIRE & INFORMED CONSENT**  
**ANESTHESIA DEPARTMENT**  
**NAVAL HOSPITAL ROOSEVELT ROADS**

***Informed Consent***

Although anesthesia is safe and effective, there are potential risks associated with receiving any form of medical treatment.

***Spinal & Epidural Anesthesia***

The most common techniques for providing relief during labor and childbirth are spinal and epidural anesthesia. Complications from these techniques are uncommon but can and do occur. Less severe complications include, but are not limited to: headaches, back pain, nerve injury, itching, and difficulty urinating.

A mild decrease in blood pressure is common. Significant decreases may require treatment with medications or position changes.

Reactions to the medications can cause mild symptoms of lightheadedness to severe symptoms of seizures and unconsciousness. Certain reactions may significantly affect the function of the uterus and alter the baby's heart rate.

Bleeding or infections at the site of injection are rare but potentially severe complications.

Occasionally, spinal and epidural anesthetics provide less than effective pain relief and may need to be adjusted, replaced, or repeated.

***General Anesthesia***

General anesthesia is administered in cases requiring urgent delivery of the baby. Complications from general anesthesia are uncommon. Less severe complications include, but are not limited to: sore throat, hoarseness, nausea, vomiting, injury to the mouth and teeth, and awareness of surgical events. Long lasting or permanent damage to the brain, heart, nerves, liver, kidneys, lungs, or other organs are extremely rare but serious complications, which may result in death.

**QUESTIONNAIRE**

Please answer yes or no to the following:

- |  |     |    |
|--|-----|----|
| 1. Do you have any allergies to medication?                              | Yes | No |
| 2. Do you take any prescription drugs?                                   | Yes | No |
| 3. Do you use any illegal substances?                                    | Yes | No |
| 4. Have you or a family member had problems with anesthesia in the past? | Yes | No |
| 5. Do you have any bleeding problems?                                    | Yes | No |
| 6. Do you smoke?   | Yes | No |
| 7. Do you drink alcohol?   | Yes | No |
| 8. Have you had a cough or cold lately?                                  | Yes | No |
| 9. Have you ever had asthma?   | Yes | No |
| 10. Have you ever had high blood pressure?                               | Yes | No |
| 11. Have you ever had toxemia or pre-eclampsia?                          | Yes | No |
| 12. Have you ever had an irregular heartbeat?                            | Yes | No |
| 13. Do you have a heart murmur?  | Yes | No |
| 14. Have you ever had diabetes?  | Yes | No |
| 15. Do you have any neck, back or spine problems?                        | Yes | No |
| 16. Have you ever had numbness or weakness in your legs or arms?         | Yes | No |

I have been informed of the planned anesthetic technique and understand that my medical condition may require a change to the plan before or during my delivery. I have had adequate opportunity to discuss the specific risks related to my condition and the planned anesthesia. All of my questions have been answered to my satisfaction. I, the undersigned, provide my consent for my anesthesia.

\_\_\_\_\_  
Signature of Patient / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Anesthesia Provider



## FETAL MOVEMENT RECORD

Fetal movement counting is a simple method for assessing the well being of the fetus starting between 28-32 weeks of pregnancy. It helps to identify babies that may be having difficulties and require further evaluation. It is done daily around the same time everyday until delivery. It takes the average infant approximately 20 minutes to move ten times. Some babies take one minute while others take at least one hour.

### Instructions:

1. Note the time you start counting.
2. Count until you feel TEN (10) movements (kicks, rolls, hiccups, flutters or any movement).
3. Record the time you stop counting.
4. If it takes more than one hour to count Ten (10) movements or it takes longer each day for you to count ten movements (20 minutes on day one, 40 minutes on day two and 70 minutes on day three, call the ISU and COME TO THE HOSPITAL.
5. If the baby is moving less and you are concerned, call the ISU.

**Bring this record to all OB appointments.**

Name: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
Stop							
Total Time							
Start							
Stop							
Total Time							
Start							
Stop							
Total Time							
Start							
Stop							
Total Time							
Start							
Stop							
Total Time							
Start							
Stop							
Total Time							

## CONTRACEPTION

**Oral Contraceptive Pills** The contraceptive effect occurs from at least four actions of the oral contraceptive pill. The pill suppresses the egg from being formed and suppresses the egg from being released at the ovary. There is a thickening of the cervical mucus, making the mucus less likely to be penetrated by sperm. Thinning of the endometrial uterine lining makes it less conducive to implantation. The combined estrogen and progesterone pills are taken for 21 days followed by 7 days of placebo pills. The progesterone only pills are taken every day. It is important to take the pill at the same time everyday. Both the combined estrogen and progesterone pill and the progesterone only pills are compatible with breastfeeding although the combined pills may cause a decrease in the quantity and quality of breast milk. It is recommended that breastfeeding be well established before starting oral contraceptive pills.

**Ortho Evra Patch** Ortho Evra is a once a week birth control option that's as effective as the pill. The contraceptive patch contains hormones similar to those in birth control pills. The patch is applied and worn consecutively for 7 days before removing and applying a new patch for three consecutive weeks. There is no patch for the 4<sup>th</sup> week. The patch delivers hormones directly through your skin and into your bloodstream.

**Depo-Provera** Depo-Provera is a progestin only contraceptive that may prevent pregnancy via several mechanisms. These mechanisms include inhibition of ovulation, thickening and decreasing the amount of cervical mucus making it difficult for sperm to penetrate, creation of a thin, atrophic endometrium and premature luteolysis. Depo-provera is given as a deep intramuscular injection every 3 months. Irregular spotting or lack of menses is common. Depo-Provera is considered safe with breastfeeding.

**IUD** How the IUD prevents pregnancy is not completely understood at the present time. Several theories have been suggested, including interference with sperm transport, fertilization and implantation. Clinical studies with copper bearing IUDs suggest that fertilization is affected either due to an altered number or lack of viability of spermatozoa. An IUD is placed through the vagina into the uterus and is good for up to 10 years.

**Condoms** Placed over the erect penis, a condom acts as a mechanical barrier, preventing direct contact with semen, genital lesions and discharges

or infectious secretions. Most U.S. condoms available today are manufactured from latex with a small proportion made of processed collagenous tissue from the intestinal caecum of lambs. Condoms can be very effective at preventing unintended pregnancy when used consistently and correctly.

**Bilateral Tubal Ligation** Sterilization for women involves mechanically blocking the fallopian tubes to prevent the sperm and egg from uniting. Almost all tubal occlusions are carried out in the hospital operating rooms or in surgi-centers as outpatient procedures. Laparoscopic tubal occlusions can be performed through a 1-cm incision in the inferior portion of the navel. Postpartum tubal occlusion is generally carried out 4-24 hours after a vaginal delivery through a 2-3 cm incision just below the navel and can also be completed during a Cesarean section. This is considered a permanent form of sterilization with very little chance of reversal.

**Vasectomy** Vasectomy is the male sterilization operation that blocks the vas deferentia to prevent the passage of sperm into the seminal ejaculated fluid. Vasectomy continues to be simpler, safer and less expensive than female surgical contraception. It is a simple procedure that can be performed quickly, safely, inexpensively and in the clinical setting. This is considered a permanent form of sterilization.

**Spermicidal Agents** A Spermicidal agent is a chemical used to immobilize and destroy spermatozoa. Typically, spermicidal contraceptives contain nonoxynol-9 to disrupt cell membranes. Spermicidal agents are available as suppositories, creams, foams and gels that are placed in the vagina up to 30 minutes before intercourse.

**Diaphragms** Vaginal diaphragms are a barrier of rubber or latex stretched across a circular rim that fits into the anterior vagina from the posterior fornix, thus covering the cervix. Spermicidal jelly should be placed in the diaphragm and the diaphragm placed in the vagina before intercourse. It should be left in place for 6-8 hours after intercourse, and if further intercourse occurs before removal, additional spermicide should be instilled in the vagina without removing the diaphragm.

## 32 Weeks

### Today

*Discuss Birth Control Plan*

*Sign up for Breastfeeding class, (if unattended.)*

*Sign up for 3rd Trimester Class & Tour*

*\* Lamaze classes are not offered out in town.*



### Your Baby's G&D

By 32 weeks, your baby weighs almost 4 pounds, and the crown to rump length is over 11 ½ inches, while the total length is 18-19 inches!

Most likely, your baby is in the "head down" position so you may feel most of your kicks and jabs under your ribs, or even a forceful blow to the cervix. If your baby is not head down, don't panic. If, by your 36<sup>th</sup> week, the baby is not in the "correct" position, your doctor will explain several options to you and your family to try and turn the baby if possible.

### Changes in You

#### Physical

The top of your uterus is about 4-5 inches above your belly button by now. It's not important whether you measure exactly what the "books" say or whether you measure what your friend does. What IS important, is ensuring that your baby is growing appropriately, and that your uterus grows and gets larger at an appropriate rate.

You may also notice that your back and pelvic area may feel different. The bones in your pelvis are moving and shifting to make room for the baby's head to pass through. As this happens, the ligaments around the pelvis also stretch, which can cause some mobility and movement of the pelvic joints. This can cause some discomfort in the hip joints, back, and front of the pelvis. Your pregnancy girdle or belt can help with the discomfort. Another tip—which can be very helpful in labor—is having someone "squeeze your hips." Face a wall and stand about 18 inches away from it. Lean forward and place your hands and forearms on the wall. Bend your knees slightly and gently sway your hips from side to side. While you do this, have someone place their hands on your hips and put mild pressure as if they were trying to "squeeze" your bones back together. This can relieve a great deal of lower pelvic pain felt in the front or the back.

#### Emotional

You may notice some emotional changes during these few months. The "big day" is fast approaching, and you and your partner may become more anxious. You may experience mood swings, which seem to appear out of nowhere. You may become more irritable and find that this can put a strain on your relationships. You undoubtedly are concerned about the health and well being of your baby, your delivery, and whether or not you'll be a good mother. As you're getting bigger, you'll probably find that you can't do all the things that you are used to doing. You may not be able to sleep very well either—I mean, you're trying to sleep with a basketball-sized octopus in your abdomen (at least that's what it seems like J.) So, combine the lack of sleep, the growing discomforts, the raging emotions, and the fear of the unknown, and you can see why things may seem a bit overwhelming.

Just try to remain calm, and relaxed. Practice your breathing exercises, take a warm bath, listen to classical music, or whatever creative method you choose, to help you remain in control. Talk to your partner or support systems! By talking about these things, it can make it easier for the people around you to

understand the changes (mood swings, crying spells, etc) that you are going through. Also, please ask your provider about what is normal versus abnormal. Your provider may be able to provide you with some reassurances. Most importantly, don't lose sight of the miracle that you're experiencing. This will be over before you know it, so try to enjoy it while it lasts!

### Prepping for the Baby

By now, you've probably seen at least 1000 "must have" baby products available on the market. But let's face it; junior doesn't need a whole lot. You'll certainly need a car seat, a crib or bassinet, blankets, sleepers, and diapers. Aside from that, everything else is like "icing on the cake." If you're working on a budget, don't forget to check out several of the "gently used" stores in the area and the Navy & Marine Corps Thrift Store.

After the baby comes home, you will have many new duties, a lot less sleep, and a lot less energy. So, best advice, plan ahead.

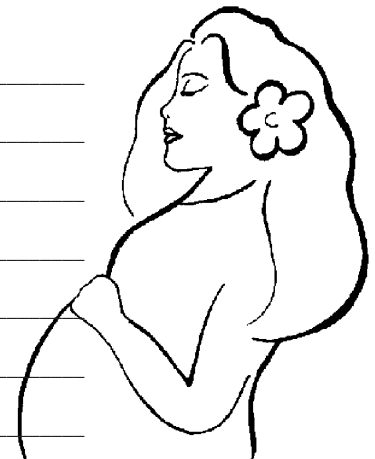
1. Plan, cook, and freeze some meals ahead of time. Keep a stock of basic staples, so you won't have to go to the store for basic food items. If friends offer to help, suggest that they cook a meal or two for you and your family.
2. Most women go through the "nesting" phase a week or two before delivery. You'll probably clean everything in site, so take it as a blessing in disguise. Chances are, you won't have time or energy for house cleaning the first few weeks after you and the baby come home for the hospital.
3. Baby's living area. Whether the baby has his own room, or is sharing a room with a sibling or with you, be sure that area is clean and safe. Wash your baby's new sheets, blankets, and clothes in a mild detergent (or, if your machine has this feature, run them through an extra rinse) before you bring the baby home.

### Your next Visit

We will cover Labor and Delivery topics. You'll have a routine exam. If any potential problems for breastfeeding are identified, your provider will send a consult to the Lactation Specialist for evaluation. You will fill out your admission forms and turn them in—this will speed things up for you at the time of your hospital admission! A culture for Group Beta Strep will be obtained and you'll also receive a "Parking by Permit" pass that will expire 2 weeks after your due date.

### Questions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_



# BIRTH PLAN

This Birth plan is for:

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This birth plan is intended to express my/our desires I/we have for the birth of my/our baby. I/we realize that in certain circumstances these requests may not be followed, but it is my hope that you will assist me/us in making this the experience I/we hope for. Mostly I am/we are asking you to keep me/us informed of my/our options. If you have any questions or suggestions, please let me/us know.

## FIRST STAGE of Labor

**Environment:** (check as many as you would prefer)

- ☐ Dim lights
- ☐ Peace and quite
- ☐ Music
- ☐ Wear my own clothes
- ☐ Minimal vaginal exams
- ☐ Other (please specify)

**Mobility:**

- ☐ I wish to be able to move around and change position at will throughout labor
- ☐ Freedom to move in bed only (up to bathroom only)
- ☐ Mobility not important (I plan on having an epidural)

**Hydration:**

- ☐ No restriction (would like to eat and drink whatever I am comfortable with)
- ☐ Clear fluids
- ☐ Ice chips
- ☐ Heparin/Saline lock (most hospitals require access to a vein should an emergency occur, or complications needing antibiotics such as Positive Group Beta Strep)
- ☐ IV (you will need an IV if you plan on using pain medication through the IV or an epidural)
- ☐ If no risk factors would like no IV unless my provider says I need one

**Monitoring:**

- ☐ Intermittent monitoring
- ☐ Continuous external monitoring
- ☐ Continuous internal monitoring

The decision about type of fetal monitoring will not always be left up to the parents, if there is a question as to the health (i.e. fetal distress) of your baby, we may need to monitor more closely.

**Pain Relief Offers:**

- ☐ Please do not offer me medication. I will ask if I need assistance.
- ☐ Offer if I appear uncomfortable
- ☐ Offer as soon as possible

**Pain Relief Options:**

- ☐ Non-Medicinal: Positioning; shower or tub; heat or cold therapy; massage; acupressure
- ☐ IV Medication
- ☐ Epidural

**Induction/Augmentation:**

Usually induction/augmentation are not discussed in a birth plan. If you require an induction, the decision will usually be made before you arrive at the hospital. However, it is important to know that you have options.

**Induction:**

- ☐ Natural methods (walking, nipple stimulation, sex)
- ☐ Herbal inductions (not available in all locations)
- ☐ Prostaglandin gel (recommended if you have an "unfavorable cervix")
- ☐ Cytotec (oral or vaginal tablet, also recommended for "unfavorable cervix", not used if prior C/Section)
- ☐ Pitocin (synthetic hormone given in the IV to start contractions)
- ☐ Amniotomy (break the water)

**Augmentation:**

- ☐ Natural methods (walking, nipple stimulation)
- ☐ Pitocin (see above)
- ☐ Amniotomy (see above)

## SECOND STAGE of Labor

**Pictures:**

- ☐ I would like to take pictures while in labor, of the birth, after the birth
- ☐ I would like to make a video recording of my labor, birth, after the birth

Some hospitals require you to get the permission of the provider doing your delivery prior to taking pictures or video taping of the birth

**Pushing:**

- ☐ Some of these will depend on if you are medicated, how your labor is going, and the health of your baby.
- ☐ Choice of positions (certain positions are better for encouraging the baby to come down)
- ☐ Push as long as I can/want (Ask about "time limits" for pushing)
- ☐ Spontaneous bearing down (push when your body tells you to push)
- ☐ Directed pushing (Being told when to push, how long to push "counting")
- ☐ Prefer to use people for leg support (as opposed to stirrups or foot pedals)
- ☐ Foot pedals
- ☐ Squat bar
- ☐ Stirrups (sometimes used if epidural is too heavy and mom cant feel legs)

**Perineal Care:**

- ☐ Prefer no episiotomy (*massage, compresses, positioning, tearing*)
- ☐ Prefer episiotomy

**Baby Care:**

- ☐ If baby is in no distress place on my stomach/chest immediately
- ☐ Place baby on warmer and clean up before being brought to me

**Cord Cutting:**

- ☐ Partner cut cord
- ☐ I want to cut cord
- ☐ Immediately cut cord
- ☐ Delayed until cord stops pulsating
- ☐ I am a cord blood donor and have made arrangements

**Eye Care:**

- ☐ None
- ☐ Delayed for \_\_\_\_\_ minutes
- ☐ Immediate

**Feeding Baby:**

- ☐ Breast feeding only
- ☐ Bottle feeding only
- ☐ Combination
- ☐ No pacifiers

**Separation/Rooming-In**

- ☐ Would like to have exam and first bath in my presence
- ☐ If baby needs to be taken away from my side for medical attention, I want \_\_\_\_\_ to accompany baby at all times

**If infant is sick would like:**

- ☐ Breast-feeding as possible
- ☐ Breast pump available
- ☐ Unlimited visitation for parents
- ☐ Help care for infant (*hold, change diapers, etc*)
- ☐ If baby is transported to another facility, move as soon as possible

**Circumcision:**

- ☐ None
- ☐ For cultural or religious reasons will be done outside the hospital
- ☐ Done in hospital
- ☐ Use of anesthesia (*need to ask at time of circumcision*)

**Complications:**

Unfortunately not all mothers will deliver vaginally. It is important to know the Cesarean Section rate at your hospital. The National average is 25% Cesarean Section births. If you have a planned or unplanned non-emergent cesarean birth you can still discuss some options with your physician.

- ☐ Spinal/epidural anesthesia
- ☐ General anesthesia (*being put to sleep*)

**Partner present:**

- ☐ Pictures/Video of birth
- ☐ Screen lowered to view birth
- ☐ Description of surgery
- ☐ Touch the baby
- ☐ Breast-feeding in recovery room

Remember in the event of an emergency regarding your health or the health of your unborn baby we will do our best to keep you informed, but we may need to shift from your birth plan.



## 36 Weeks

### Today

*Sign up for any missed classes.  
Complete Preadmission forms and take them  
to the Admissions Office. (On the second floor  
outside the OBGYN Clinic)*



### Your Baby's G&D

Your baby probably weighs around six pounds now and is about 20 inches in total length. The baby is probably head-down by this point and is in the "delivering position." If not, please discuss your options with your provider and read pages 236-240 in your WEWYE book.

## GETTING READY FOR THE MAIN EVENT

### Packing "The Bag"

This is one more thing you can do ahead of time that may help relieve some unnecessary panic and anxiety when the big event arrives. Here are a couple of suggestions that may help you when you pack:

1. Pack two bags, one for you and one for baby. This way, you don't have to keep "digging" through everything (and your partner will have less to carry while getting you to Labor and Delivery J)
2. Bring things to make you comfortable: washcloths, extra socks, chap stick, hair items, basic toiletries. If you wear contact lenses, be sure to bring your case and a pair of glasses.
3. Bring several pair of your oldest panties as you'll be bleeding quite a bit for a few days.
4. If breastfeeding, be sure to bring a nursing bra.
5. Feel free to bring your own nightgowns or pj's, slippers, and robe, but we can provide these items for your use while in the hospital.
6. You will need clothes to go home in. Make sure they are comfortable, and, yes, you will still be wearing maternity clothes for awhile.
7. For baby: an outfit to go home in, a blanket, and a car seat (you won't need these until the day of discharge).
8. If you have a baby book, please bring it with you to Labor and Delivery, and we will try to do the footprints right in the book for you.
9. Feel free to bring a tape/CD player. Your tastes/preferences may change as you move through the different stages of labor, so you may want a variety of music options.
10. Don't forget the camera!! Bring extra film and batteries as back-up. You don't want to miss this!

### When do I come to the hospital?

\* Please call Labor and Delivery before you come in. The number is 865-5948/5911.

1. Rupture of Membranes (your water breaks). This is usually a gush of fluid, but it can also be a steady trickle of fluid. Usually, if you ruptured your membranes, you need to wear a sanitary pad to keep your underwear dry.
2. Vaginal Bleeding. If you have any bright red bleeding that is like a menstrual period or heavier. (Note, some spotting is normal, especially after intercourse or as labor progresses)
3. A decrease in your Fetal Kick Counts. As you get further along, your baby's movements may be more subtle (as he has less room to roll around), but you should still feel 10 movements in an hour. (please refer to instructions from Infosheet 5)
4. Severe headaches unrelieved by Tylenol, difficulty seeing or blurred vision. Swelling of hands and face associated with a sudden weight gain.
5. Vomiting that does not stop (Try to keep clear liquids down-skip the solids. If unable to keep the fluids down, please call L&D).
6. Abdominal or chest pain that does not go away
7. Labor or suspicion of labor.

### Labor: Real or False?

False labor contractions, also known as Braxton-Hicks contractions, are very common and come more frequently as you approach your due date. They are usually low in your back or abdomen. These contractions:

- remain unpredictable and irregular
- vary in length
- usually are noticed when you are tired or a bit dehydrated
- usually go away when you change your activity or position
- usually not very painful

Try walking around for a bit; if it's the "real thing," the contractions will usually become stronger and more frequent/regular. Labor contractions are usually 45-60 seconds from start to finish. Your cervix will progressively dilate and efface.

You should keep track of your contractions and how they are changing. You should prepare for coming to the hospital if your contractions are:

- (First Baby) 2-4 minutes apart for at least two hours and are uncomfortable. Most women find that as active labor approaches, it is difficult to talk or walk through the contraction.
- (Second Baby) 4-5 minutes apart for two hours that are growing in intensity and duration. You've been through this before—use your past experience(s) as a guide.

### Pain Management

Some Relaxation Tips to Help with Early Labor While at Home:

1. Find a comfortable position where you can relax your entire body. Concentrate on making your body loose and limp as you sink into the bed or chair.

2. Talk yourself into a tension free place. Either "tell yourself" or have your partner talk to you and say something like "relax your face, relax your neck, your arms, your chest, your hips, your legs," and relax each body part. Do some nice deep breathing throughout this exercise. It helps to relax your face and jaw if you keep your lips slightly apart.

Your uterus is a muscle-that's why it contracts. The motion starts at the top of the uterus and rolls its way down to the cervix (maybe picture a wave rolling into the shore and crashing onto the beach). As the contraction reaches the cervix, it "crashes" against it to thin it out and to cause it to open. You want the contraction to reach the cervix to do its job. In other words, you want the pain you are experiencing to be for a purpose.

3. A warm bath or shower can help you relax-don't forget your breathing.

4. Ask your partner to "squeeze" your hips for you as this may relieve some of the lower pain in your back and abdomen (see last Infosheet)

5. Sometimes two Tylenol can help relieve the mild discomforts and achiness of early labor.

6. Change your positions and breathing patterns as needed.



#### Pain Management at the Hospital

For most women, there are several options available to you. Of course, your health, stage of labor, and the well-being of your baby play an important role in which options are available. Your nurses and providers can discuss these with you.

1. Patient Control. Essentially, this is using relaxation techniques to assist you through labor and delivery. This requires knowledge and a lot of practice on your part to successfully accomplish pain management through this technique. Even for the most experienced woman, this method alone may not be enough to carry you through. There is no way to know what labor will be like for YOU. It is very different for each person. You have no way of knowing how much force will be needed to cause your cervix to fully efface and dilate, or how your brain will handle the pain stimulus, or how you will respond to the pain. As with most things in life, have a plan "B" and be sure to keep your options open.

2. Narcotics. Substances such as Fentanyl, Demerol, Morphine, etc., may be available. These drugs are given usually as an injection either directly or through your IV. They effect your whole body, dulling pain and helping muscles to relax, and may make you sleepy. Your baby will also experience some of the same side effects.

3. Anesthesia. The anesthesia provider and your OB provider can talk with you about which method would be most beneficial based on the status of you, your labor, and your baby. Epidurals and Intertheal Narcotics are offered at this hospital. Essentially, this involves the placement of an anesthetic into the space around the spinal cord. This procedure usually provides you with 80-100% pain relief in the lower half of your body (stomach and on down). Most women complain of some itching associated with these procedures. Your anesthesia provider can inform you of additional risks, side effects, and benefits.

#### When you are admitted

1. You will be placed in a labor room and you will be given a hospital gown to put on.

2. You will be placed on continuous monitoring. You will have a monitor that tells the staff how your baby is doing based on the fetal heart rate pattern, and a monitor that will show how frequently, and how long your contractions are and how your baby responds to these contractions. Please note, with external monitors, we cannot determine how strong your contractions are-they simply tell us you are having one or you're not having one.

3. You will have blood drawn and you will have an IV started. This gives us direct access to you and to your baby in case of an emergency. It also keeps you from getting dehydrated since you will be allowed only to have ice chips while in labor.

4. Just to let you know... Sometimes, baby's don't always like what's going on during your labor. Sometimes the heart rate will drop, but don't panic. Often, especially after a position change, the baby may roll over on its umbilical cord, so we'll see a drop in the heart rate-a simple position change will fix this. We also often see a drop in the baby's heart rate when you quickly dilate or the baby suddenly drops in station. There are many reasons that could cause this to happen. To ensure the well being of you and your baby, several people may rush into your room-tell you to turn this way or that way, may give you oxygen, give you extra IV fluids, medications, etc. Remember, don't panic. Focus on taking nice deep breaths to deliver as much oxygen and calming effects to your baby as possible.

5. If you have a birth plan or any special requests, please let your nurse know and we will do whatever we can to accommodate you and your family.

6. We know that this is a very exciting time for you and your family and we will always try to accommodate their visits. However, we ask that there be only 2-3 visitors at a time, and that in the event of an emergency, or during a procedure, we will ask all visitors (except for your partner) to leave the room.



7. An episiotomy is an incision of the perineum to help the baby having difficulty to deliver or to prevent the skin from a large tear. This is not done routinely.

8. The delivery! Remember to open your eyes and have those cameras ready! As long as you and your baby are doing well, we will, at your request, place the baby right on your abdomen and let your partner cut the cord. We will do the baby's initial APGARS, footprints, and place identification bands and a security device on the baby during the first 15-30 minutes of life. We encourage you to hold and breastfeed your baby as soon as possible.

9. The afterbirth. The placenta usually detaches and is delivered within 30-45 minutes after the baby is born. After your placenta comes out, you will receive a medication through your IV (or as an injection) called Pitocin. This medicine helps your uterus to "clamp" down and will help prevent you from bleeding too much.

10. After delivery you will spend a day or two in the hospital before being discharged home barring any unforeseen complications. We encourage you to do most of your own care and care for your infant. However, we are here to answer any of your questions or to provide any assistance that you require.

11. Please let the staff know if you need breastfeeding assistance. If necessary, we can arrange for the Lactation Specialist to see you.

12. You should also have an appointment for the baby's first visit.

13. Remember to get the baby enrolled in DEERS and TriCare before first

appointment if possible. Please speak with a TriCare representative if you have any questions regarding this process.

14. Be sure to accurately complete the birth certificate information. Remember, it may be difficult to obtain copies of the baby's birth certificate later from Puerto Rico, so you may want to obtain more than one copy.

15. Birth Certificate Stamps can now be obtained in the Patient Administration Department outside the OB Clinic.

#### Your Next Visit.

Your doctor may do a cervical exam.

*\* Make sure you have attended all your classes.*

#### Questions

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#### Group Beta Strep

During your 36<sup>th</sup> week of pregnancy we need to test for the presence of Group Beta Strep (GBS). GBS is a normal bacteria that is commonly located in the mouth, lower digestive tract, urinary tract and/or the reproductive tracts of some men and women. In women, GBS is most often found in the vagina and rectum. While GBS is usually not harmful to the woman, it can sometimes effect the baby during the birth process.

#### Effects on the baby

About 15-40% of all pregnant women are colonized with GBS at some point during pregnancy. If GBS is passed from a woman to her baby, the baby may develop GBS infection exhibited by newborn pneumonia. This happens only to a few babies. Almost all babies exposed to GBS (98-99%) do not become infected.

#### Early infections

occur within the first 7 days of life. Most infections occur within the first 6 hours and were transmitted from the mother.

#### Late infections

occur after the first 7 days of life. Late infections can also cause some serious problems. The most common of these is meningitis which is inflammation of the membranes of the brain or spinal cord.

#### Testing for GBS

When you are between 35-37 weeks pregnant, we will obtain a culture to test you for GBS. If this culture is positive, you will receive antibiotics during labor and will be in the hospital for a minimum of 48 hours after delivery in order to observe the baby for any signs of infection. Remember to tell your provider if you're allergic to Penicillin.

#### How to Collect the GBS Culture

1. First place the cotton swab inside the lower 1/3 of your vagina and turn **three** times.
2. Next, place the **same** cotton swab into your rectum and turn **three** times (you just need to get the tip of the cotton swab into the rectum)
3. Finally, place the cotton swab back into the container and make sure it is on correctly and return to the check-in person.

Do not touch the cotton swab applicator with your hands or fingers at any time.

**38 weeks**

**Today:**

*Try to sign up for the Third Trimester Class or any others you may have missed.*

### Your Baby's G&D

The baby is probably about 7 pounds and 21 inches or so in length. Although the baby is running out of room, don't forget to still monitor the baby's movements. The goal is 10 in an hour. If you don't get your count after the second hour of trying—call L&D at 865-5948 or 865-5911.

### Changes in You

You and your family are probably growing anxious by now. Keep in mind, your due date is only an estimate! You could deliver anytime from today to a month from now. So, try to hang in there! A lot of women have a hard time sleeping now and find that the frequent trips to the bathroom have started again. Try to rest as much as possible since you'll need a lot of energy for your labor and delivery and for caring for your infant.



### What are Postpartum Blues?

Some estimates have shown that up to 70% of all women have some degree of postpartum blues. This may be a mild form of depression that can become more severe. It usually lasts anywhere from 4-6 weeks. Some common signs:

- Anger at yourself or your newborn
- Anger at other children
- Feeling lonely
- Sense of defeat
- Headaches
- Confusion
- Mood Changes
- Sleeplessness
- Forgetfulness

Usually, support of your partner, friends, or family can help you feel better. Please don't hesitate to call your provider if you are concerned—especially if you think you could harm yourself or your baby.

Postpartum Blues and other factors such as anxiety, exhaustion, financial strains, overwork, or a lack of confidence, can effect you and how you react. Most of the time, we only think of the wonderful, tender things associated with babies. But there are many feelings of being frustrated and overwhelmed. If you feel this way, put your baby in a safe place and walk away—find someone to watch the baby for an hour or two while you get some rest or clear your head—find a way to control your anger. You may want to go for a run or do some other activity to release some stress and tension. It's during times like this that Shaken Baby Syndrome happens. Most of these people weren't bad people—they just didn't walk away in time. Shaking your baby can cause brain damage, blindness, paralysis, mental retardation, seizures, and death. Remember, Shaken Baby Syndrome can be prevented. If you can't leave the baby with someone, try offering a pacifier, take the baby for a ride in the



stroller or car to try and soothe the baby's crying. You can also wrap the baby snugly and leave the baby in his crib while you go into another room to regain control. Again, we are all here to help, please call the hospital for any advise or assistance, and **NEVER SHAKE A BABY!**

### Circumcision

The decision to circumcise vs. not to circumcise is rather controversial. The American Academy of Pediatrics (AAP) does not promote circumcision. This is a decision by parents based on societal and religious norms. The medical research for the past 25 years has not been able to demonstrate any advantages in circumcision. This is often a good opportunity to bring the father into the decision making process. If you decide to circumcise, it will usually be performed prior to discharge.

There are two common techniques used to remove the foreskin from the penis: Gomco or Plastibell. Anesthetic is used to decrease pain from the procedure. You will be shown how to care for the penis by observing for bleeding and by applying Vaseline to the penis and diaper in order to prevent friction irritation to the penis (only if the Gomco method is used). Most infants do well, but if bleeding occurs, you may need to return to the hospital for additional treatment.

### Is My Baby Feeding Enough?

Breastfeeding babies tend to eat more frequently at 1 ½ - 3 hours between each feed, and they usually nurse for about 15-45 minutes at each feed. Formula fed babies will usually eat 2-4 ounces every 3-4 hours. The best way to tell if your baby is eating enough in the first few weeks of life, is to look at the frequency of the stools. The initial stool will be meconium (black/dark green in color and gooeey). After the meconium passes, the stool should be

yellow, soft, and often seedy. A newborn often stools with each feeding. You never want a baby's stool to be thicker than toothpaste consistency. After the first few days of life, the baby should have 3-5 dirty diapers a day.



Newborns are not born with effective abdominal muscles for elimination so they will grunt, groan, and turn red in the face. If the stool is soft, they are not constipated.

**Hydration:** To ensure that your baby is getting enough fluid, the best way to tell is by the number of wet diapers. After the first couple of days of life, your baby should have 6-8 wet diapers a day (in 24 hrs). Your baby's bladder is very small and may only urinate about a teaspoon amount of urine each time.

### Sleeping Positions for Baby

*"Back is Best-Side is OK"*

In 1992, the "Back is Best" campaign was introduced. Since we began having infants sleep on their backs, the incidence of Sudden Infant Death Syndrome (SIDS) has decreased 30 to 40%. Research has shown that babies do not choke and stop breathing while on their backs (as once feared).

### Your Baby's First Visit

Before you are discharged from the hospital, you should be given a well baby appointment or have made arrangements with your Pediatric or Family Medicine Provider. At this visit, the baby will be weighed, measured, and receive a complete physical exam. Of particular importance at this visit is to

ensure the family's transition to having a new baby in the home is going well. They will be checking to see how feedings are going, how all of you are sleeping, bowel movements, and number of wet diapers. Common newborn characteristics may be pointed out such as newborn rash, premature reflexes, and what to expect from your baby in the future.

### Car Seat Placement

The safest spot for your baby's car seat is in the middle of the back seat. All infants weighing less than 20 pounds should be facing the rear. And remember, **NEVER**, put your baby in the front seat if you have an airbag. The force of exertion from a deploying airbag can kill your baby. It is recommended that no child under the age of 12 be allowed to ride in the front seat.

### Newborn Illnesses

The first sign of illness in a newborn is usually a decrease in feeding or feeding poorly. During the first month of life, a fever is considered significant at 100.4 or higher. You must bring the baby into the hospital for an evaluation if the baby's temperature is greater than 100.4. A rectal temperature is the most accurate. Do not hesitate to call 865-5895 for advice or for an appointment.

**Please make sure that your OB chart indicates who will be caring for your baby after delivery.**

You may select Family Medicine, Pediatrics, or a civilian provider, but please make sure that you also sign up correctly with TriCare. It is important that the hospital staff are aware of your decisions prior to your delivery.

### Questions

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## 40 Weeks

If you are still pregnant, chances are, you are becoming frustrated and maybe even a bit frightened. Keep in mind, a normal pregnancy is anywhere from 37-42 weeks long. We will induce labor around 41 ½ -42 weeks to avoid the possibility of going longer than 42 weeks since it can put the baby at some increased risk. The baby could become too large and hard to deliver. The placenta may begin to malfunction and not be able to bring enough nutrients or oxygen to the baby. Or, there could be a decrease in the amniotic fluid that surrounds and protects the baby. To avoid these risks, we will put you into a "Postdate Pregnancy Plan" if you have not delivered by 41 weeks.



### Postdate Plan:

1. It becomes even more important for you to keep track of your baby's fetal movements as you are the best person to notice any changes in your baby's behavior.
2. You will have appointments twice a week in the Antenatal Testing Unit, which is located on the 2<sup>nd</sup> floor next to Labor and Delivery. This testing will include:
  - A non-stress test. This is an external monitor of the baby's heart rate and movements.
  - A limited ultrasound to measure the amount of fluid around the baby.

If these tests are normal, we can say that your baby is well and no action is required.

3. Additional tests may be indicated. We may perform a Contraction Stress Test. This involves inducing contractions just enough to show us how the baby responds to these contractions. We monitor this with

external monitors of the baby's heart rate and your uterine activity. This test is rarely needed.

4. You will also see your provider at 41 weeks and (s)he will discuss the need for an induction with you during this visit.

For information of what you may feel like after delivery, please consult your *What to Expect When You're Expecting* or *Miracle in the Making* books.

### Ward policies

Visiting hours on the Inpatient Services Unit are 10AM to 8PM and one support person can stay overnight. This person must assist with infant care as much as possible. There are some private rooms available but rooms are filled on medical condition acuities and first come basis as per staff discretion. All visiting children must be at least 12 years old except for the siblings of the newborn. Children must be under adult supervision at all times.

### Ward routines

Registered nurses, Licensed Vocational Nurses, Hospital Corpsmen and clerks are all staff here to help monitor your and baby's vital signs and teach you. They work with a team of physicians to meet your medical and learning needs.

Please discuss any concerns or questions that you may have with your provider.

### Questions

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If there is anything that we could have done better, please take a moment to let us know. We are striving to always improve the services we provide you, our valued customers.



***Good Luck and Congratulations. It has been our pleasure serving you and your family.***

## NAVAL HOSPITAL ROOSEVELT ROADS Storks's Nest

*"The home away from home for expectant families"*

787.865.6922

787.865.4358

Located at the Naval Station's Combined Bachelor's Quarters, The Stork's Nest is a home away from home for expectant families that travel from outlying areas to have their babies at Naval Hospital Roosevelt Roads.



Designed to meet the needs of the immediately expectant mother, The Stork's Nest is available for those mothers who:

are in early stage labor but are not yet ready for admission  
have traveled long distances  
(Sabana Seca, Borinquen, Fort Buchanan)

The room cost is \$16 per night and reservations can be made through the CBQ Main Office at 787.865.6922 or 787.865.4358.

### Amenities Include:

*Queen Size Bed  
Lazy Boy Recliner  
Baby Bed  
TV With VCR & Cable  
Refrigerator and Microwave  
Private Phone and Writing  
Desk*



### Driving Directions:

**From Gate 1**, take main base road and drive approximately 4 miles until airfield. Make a right turn at airfield (do not follow Hospital signs), and proceed to four-way stop sign. Make left turn (this is Forrestal Rd.). In approximately 1/4 miles you will see the old Naval Station Galley. The buildings immediately following the former Galley on the right is the CBQ (Building 1708). Follow parking lot around until you see the CBQ check-in sign. The CBQ staff will assist you with room arrangements.



**From Gate 3**, make first left turn (as you are driving, the golf course will be on your right). After about 3 miles you will pass by the Mini Mart and Navy Lodge (both

on the right) and the Navy Exchange, McDonald's and Commissary (on the left). About 1/2 mile past the Commissary on the left will be the CBQ (Building 1708). Turn left in the parking lot and look for the CBQ check-in



sign. The staff in the Main Office will assist you.

**From the Hospital**, turn left at the main entrance (near the Hospital sign) and proceed. Approaching the intersection, say in the right hand lane and take the curve right. You will proceed for approximately 2 1/4 miles. As you drive, you will pass the Fire Station and airfield on the right. Make a left turn at the 4-way stop sign at the end of the road. In about 1/4 miles you will see the old Naval Station Galley on the right. Immediately past the former Galley is the CBQ (Building 1708). Turn right into the CBQ and proceed through the parking lot. You will see a sign at the end of the first building that says CBQ Check In. The staff in the Check-In office will be able to assist you.

**NHRR Stork's Nest  
Combined Bachelor's Quarters  
Naval Station Roosevelt Roads  
Building 1708  
Ceiba, Puerto Rico 00735**

787.865.6922

787.865.4358

***We DELIVER!***

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**OBSTETRICAL SERVICES**  
**AT NAVAL HOSPITAL ROOSEVELT ROADS**  
**787.865.5910**  
**787.865.5879**

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